



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Department of Business Regulation**  
**INSURANCE DIVISION**  
**233 Richmond Street, Suite 233**  
**Providence, RI 02903 – 4233**  
**Telephone No. (401) 222-2223**  
**www.dbr.state.ri.us**

**FAX No. (401) 222-5475**  
**TDD No. (401) 222-2999**

**INSTRUCTIONS AND APPLICATION FOR THE RENEWAL OF AN**  
**INDIVIDUAL INSURANCE PRODUCER LICENSE**  
**(Resident & Nonresident)**

All Insurance Producers are strongly encouraged to renew their license online. *Nonresidents* should click here to renew his/her license electronically: [www.licenseregistry.com/](http://www.licenseregistry.com/). *Rhode Island residents* should click here to renew his/her license electronically: [https://sbs-ri-public.naic.org/Lion-Web/jsp/login/login\\_main.jsp](https://sbs-ri-public.naic.org/Lion-Web/jsp/login/login_main.jsp)

**LICENSEES SHOULD CALL THE NAIC HELP DESK WITH ANY QUESTIONS AND/OR CONCERNS REGARDING THE ONLINE RENEWAL PROCESS AT 1-816-783-8500.**

The attached Uniform Individual Insurance Producer Renewal/Continuation form should only be used prior to the expiration date of the Rhode Island license and should not be used once the license is past the expiration date. If the license has expired, you may click here to download the Reinstatement Instructions and Application:

[http://www.dbr.state.ri.us/pdf\\_forms/insur/Instructions%20and%20Application%20for%20Reinstatement-Ind.pdf](http://www.dbr.state.ri.us/pdf_forms/insur/Instructions%20and%20Application%20for%20Reinstatement-Ind.pdf)

**Note:** If the Reinstatement is received over the thirty (30) day grace period of the expiration date, individuals are required to complete the Application, pay the two-year renewal fee of \$110/Residents or \$120/Nonresidents, pay the additional Reinstatement fee and complete the attached Reinstatement Affidavit.

**PLEASE READ CAREFULLY BEFORE COMPLETING AND MAILING**

- The renewal process requires the attached Uniform Individual Producer License Renewal/Continuation form, a two-year renewal fee of \$110/Residents or \$120/Nonresidents.

**Note:** Nonresidents are not required to submit a Letter of Certification. The Rhode Island Insurance Division will verify the home state license with PDB/SPLD.

- ***Rhode Island Residents are required to attach a copy of his/her Continuing Education Course Certificates.***

**Note:** All insurance producers are now on a two-year (2) renewal cycles. It should be noted that resident producers are required to complete a minimum of fifteen (15) credits during each twelve (12) month cycle, the licensee is required to report a minimum of thirty (30) credits at the time of renewal. Producers should not take the same CE course during the two (2) year license cycle. Therefore, producers should not have the same approved CE course number listed twice when reporting the minimum of thirty (30) credits on his/her two (2) year renewal. Prior to registering for a continuing education course, licensees should verify that the course has been approved by the Insurance Division and has been awarded credits. **COURSE CERTIFICATES SHOULD BE FAXED TO 401-222-5475 OR MAILED TO THE RI INSURANCE DIVISION.**

**THE RENEWAL WILL NOT BE PROCESSED UNTIL THE CONTINUING EDUCATION HAS BEEN SATISFIED AND THE INSURANCE DIVISION HAS VERIFIED THE LICENSEE'S COMPLETED COURSE CERTIFICATES.**

- **Continuing Education Exemption (RI residents only):** Rhode Island residents are exempt from continuing education requirements if they are fifty-five (55) years of age and have held a Rhode Island license continuously for the last twenty-five (25) years without any interruption or lapse of the Rhode Island license (eff. 7/1/04). **If the resident producer qualifies for an exemption, you are required to attach a letter and submit to the Department.**
- Nonresidents are not required to comply with continuing education in RI.
- Licensees are required to submit a letter of explanation and copies of supporting documentation for all background questions that have been answered "yes."

**Checks are made payable to:** *State of Rhode Island, General Treasurer*

**Mail the application, supporting documentation and fees to:**

State of Rhode Island Dept. of Business Regulation  
Insurance Division, Licensing  
233 Richmond Street, Suite 233  
Providence, RI 02903-4233

*\*Applications that are not complete may be returned to the applicant.*

**NOTE:** The nonresident individual producer will receive the same line(s) of authority that he/she is currently licensed for in their home state. If the individual does not wish to renew the same line(s) of authority or he/she wishes to cancel the license, you may contact the Licensing Section by calling 401-222-2223.

To check the status of an individual license or to verify the expiration date, please visit the Department website at [www.dbr.state.ri.us](http://www.dbr.state.ri.us).

*\*Nonresidents are not required to submit a Letter of Certification.  
 Rhode Island will verify the home state license with PDB/SPLD.*

## Uniform Individual Producer License Renewal/Continuation

(Please Print or Type)

### Instructions

1. Verify all demographic information is correct.
2. Read and answer the background questions listed below.
3. Certify that the information provided is true and correct by signing your name under the certification and attestation section.

### Demographic Information

① Soc. Security Number — —	② Date of Birth	③ Home State & Home State License Number	④ If assigned National Producer Number (NP#)
⑤ Last Name JR./SR. etc		⑥ First Name	
⑦ Residence/Home Address (Physical Street)	⑧ P.O. Box	⑨ City	⑩ State ⑪ Zip or Foreign Country
⑫ Business Entity's Name			
⑬ Business Address (Physical Street)	⑭ P.O. Box	⑮ City	⑯ State ⑰ Zip or Foreign Country
⑱ Business Phone Number ( ) -	⑲ Business Fax Number ( ) -	⑳ Business E-Mail Address	㉑ Business Web Site Address
㉒ Mailing Address	㉓ P.O. Box	㉔ City	㉕ State ㉖ Zip or Foreign Country

### Agency or Business Entity Affiliations

List your Insurance Agency Affiliations: (Complete only if the applicant is to be licensed as an active member of the business entity)

FEIN _____	NPN _____	Name of Agency _____
FEIN _____	NPN _____	Name of Agency _____
FEIN _____	NPN _____	Name of Agency _____

### Background Information

⑳ 1. Since the last renewal or initial application in this state, have you been convicted of, or are you currently charged with, committing a crime, whether or not adjudication was withheld? Yes \_\_\_ No \_\_\_

“Crime” includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses.  
 “Convicted” includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.

If you have a felony conviction, have you applied for a waiver as required by 18 USC 1033? N/A \_\_\_ Yes \_\_\_ No \_\_\_

If so, was that waiver granted? (Attach copy of 1033 waiver approved by home state.) N/A \_\_\_ Yes \_\_\_ No \_\_\_

If you answer yes, you must attach to this application:

- a) a written statement explaining the circumstances of each incident,
- b) a certified copy of the charging document, and
- c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment.

2. Since the last renewal or initial application in this state, have you or any business in which you are or were an owner, partner, officer, or director ever been involved in an administrative proceeding regarding any professional or occupational license? Yes \_\_\_ No \_\_\_
- “Involved” means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. “Involved” also means being named as a party to an administrative or arbitration proceeding, which is related to a professional or occupational license. “Involved” also means having a license application denied or the act of withdrawing an application to avoid a denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

- a) a written statement identifying the type of license and explaining the circumstances of each incident,
- b) a certified copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a certified copy of the official document which demonstrates the resolution of the charges or any final judgment.

7. Since the last renewal or initial application in this state, do you have a child support obligation in arrearage? Yes \_\_\_ No \_\_\_

If you answer yes to Question 3, by how many months are you in arrearage? \_\_\_\_\_ Months

4. Since the last renewal or initial application in this state, are you the subject of a child support related subpoena or warrant? Yes \_\_\_ No \_\_\_

### Certification and Attestation

29 The producer must read the following very carefully:

- 1. I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.
- 2. Where required by law, I hereby designate the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to be my agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner, Director or Superintendent of Insurance, or other appropriate party of that jurisdiction is of the same legal force and validity as personal service upon myself.
- 3. I further certify that I grant permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurance company.
- 4. I further certify that, under penalty of perjury, either a) I have no child-support obligation, or b) I have a child-support obligation and I am currently in compliance with that obligation.
- 5. I authorize the jurisdictions to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
- 6. I acknowledge that I understand and will comply with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.
- 7. I certify that I am licensed and in good standing in my home state/resident state for the lines of authority requested from the non-resident state.

\_\_\_\_\_  
Month Day Year

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Full Legal Name (Printed or Typed)